

The truth about ACE implementation in prima care settings: The good, implementation in primary the bad, the in-between

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Disclosure

I have no relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products sed by or on patients.

I do not intent to discuss an unapproved/investigative use of a commercial product/device.

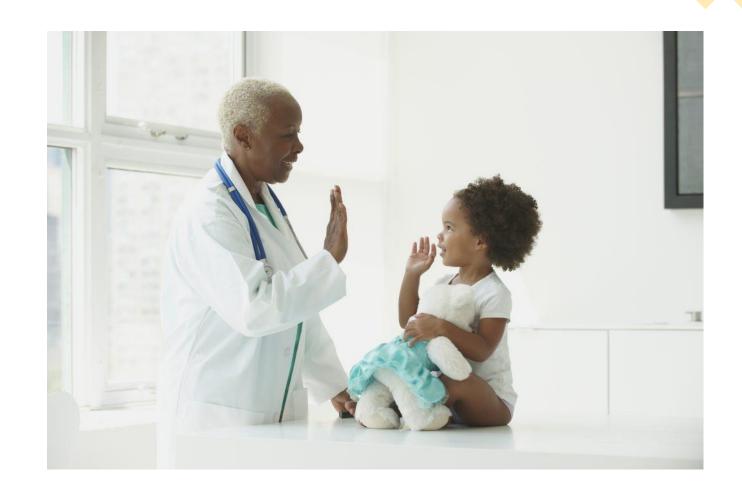
I work for CHOC and I am the Clinical Champion of the PRACTICE grant

What makes this presentation unique?

This training was created for providers, by providers!

Objectives

- To explain trauma-informed care principles and provide concrete examples
- To discuss how to integrate the ACE screening into clinical workflow
- To identify barriers to ACE screening implementation and ways to manage these barriers
- To discuss effective and efficient ways of explaining ACEs, toxic stress, and stress busters to patients



What is an Adverse Childhood Experience (ACE)?

Stressful or traumatic experiences people have by age 18 that were identified in the landmark 1998 study by the Centers for Disease Control and Prevention and Kaiser Permanente

They relate to 10 categories of adversities in three domains: abuse, neglect, and/or household dysfunction

The three types of ACEs include

10 Categories for Adverse Childhood Experiences

ABUSE

NEGLECT

HOUSEHOLD DYSFUNCTION



Physical



Physical



Mental Illness



Incarcerated Relative



Emotional



Emotional



Mother treated violently



Substance Abuse



Sexual

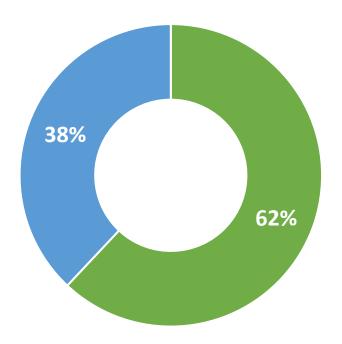


Divorce

Prevalence of ACE in California

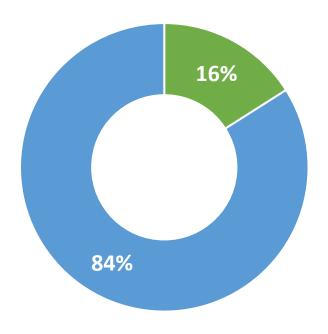
Californians who have experienced at least 1 ACE

■ Have experienced at least 1 ACE



Californians who have experienced 4 or more ACEs

■ Have experienced 4 or more ACEs



Sources: California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB), University of California, Davis, Violence Prevention Research Program, California Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017.

ACES can have lasting effects on...



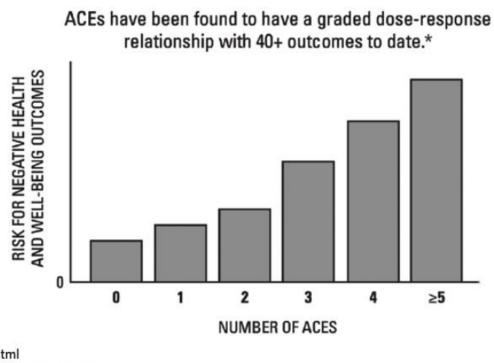
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



Source. https://www.cdc.gov/violenceprevention/acestudy/ACE_graphics.html
*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Life expectancy of a person with six or more ACEs is **20 years shorter** than a person with no ACEs

ACE Prevention and Intervention at all levels

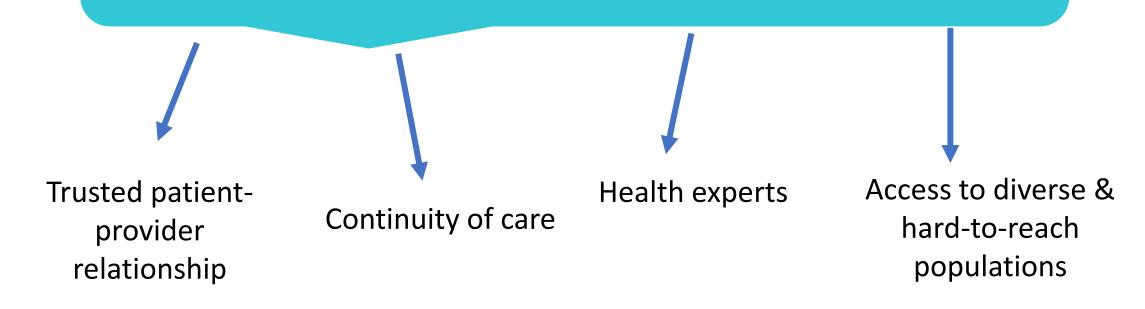
"This is treatable, this is beatable. The single most important thing that we need today is the courage to look this problem in the face and say this is real, and this is all of us."

- Nadine Burke Harris

Preventing ACEs	
Strategy	Approach
Strengthen economic supports to families	Strengthening household financial security Family-friendly work policies
Promote social norms that protect against violence and adversity	 Public education campaigns Legislative approaches to reduce corporal punishment Bystander approaches Men and boys as allies in prevention
Ensure a strong start for children	Early childhood home visitation High-quality child care Preschool enrichment with family engagement
Teach skills	 Social-emotional learning Safe dating and healthy relationship skill programs Parenting skills and family relationship approaches
Connect youth to caring adults and activities	Mentoring programs After-school programs
Intervene to lessen immediate and long-term harms	Enhanced primary care • Victim-centered services • Treatment to lessen the harms of ACEs • Treatment to prevent problem behavior and future involvement in violence • Family-centered treatment for substance use disorders

Why primary care settings?

"Primary care is the ideal focal point for making available knowledge about ACEs' impact on health and offering needed information and links to interventions"



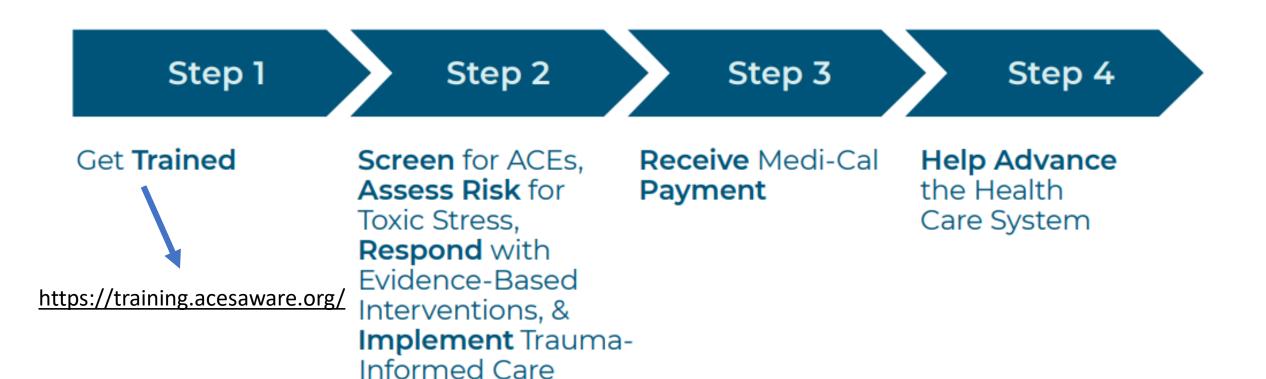


The ACEs Aware initiative offers training, screening tools, clinical protocols, and information for Medi-Cal providers on how to receive payment for screening children and adults for ACEs.

- Effective January 1, 2020, qualified Medi-Cal providers are eligible for a \$29 payment for screening patients up to age 65 with full-scope Medi-Cal using a qualified screening tool.
- As of July 1, 2020, to receive payment, providers must have completed a certified training and self-attested to completing it.
- Course can be accessed at: https://training.acesaware.org/

Steps for Providers

Providers should follow these steps to receive Medi-Cal payment from the Department of Health Care Services (DHCS) for ACE screenings:





Steps for ACE screening implementation

- √ Complete ACE training
- ✓ Consider factors in developing a trauma-informed clinic
- ✓ Develop a clinic workflow
- ✓ Identify barriers to implementation and find helpful solutions
- ✓ Reach out to QIA team for support
- ✓ Talk about toxic stress and stress busters in a quick and effective manner

Trauma-informed care principles

Concrete examples you can quickly implement

Trauma-Informed Care (TIC) Principles

- Establish the physical and emotional safety of patients and staff
- Build trust between providers and patients
- Recognize the signs and symptoms of trauma exposure on physical and mental health
- Promote patient-centered, evidence-based care
- Ensure provider and patient collaboration by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment
- Provide care that is sensitive to the patient's racial, ethnic, and cultural background, and gender identity



What does trauma-informed care mean to you?

"Understanding that past childhood trauma and events could lead to adverse outcomes later on, during childhood and later in life. It is important to screen for these events and address them because overall we want patients' health to improve...whether from physical or behavioral health standpoint."

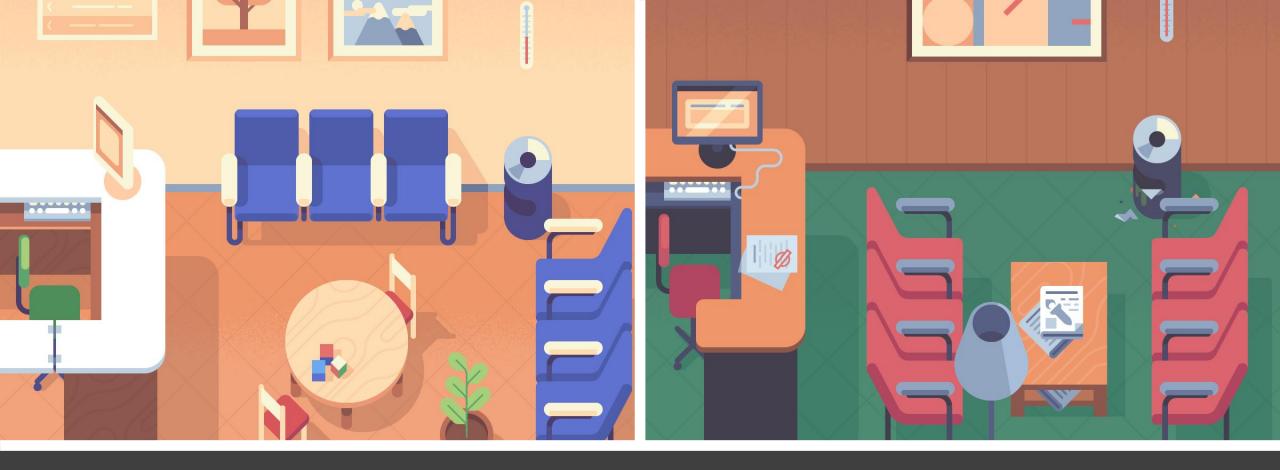


"Empathizing with them [the patients] that it is tough and what can we do to work together to provide a safer environment...I don't think they feel offended when I bring that up. When you come from a collaborative standpoint, they are pretty receptive."

TIC Staff-Patient Interactions

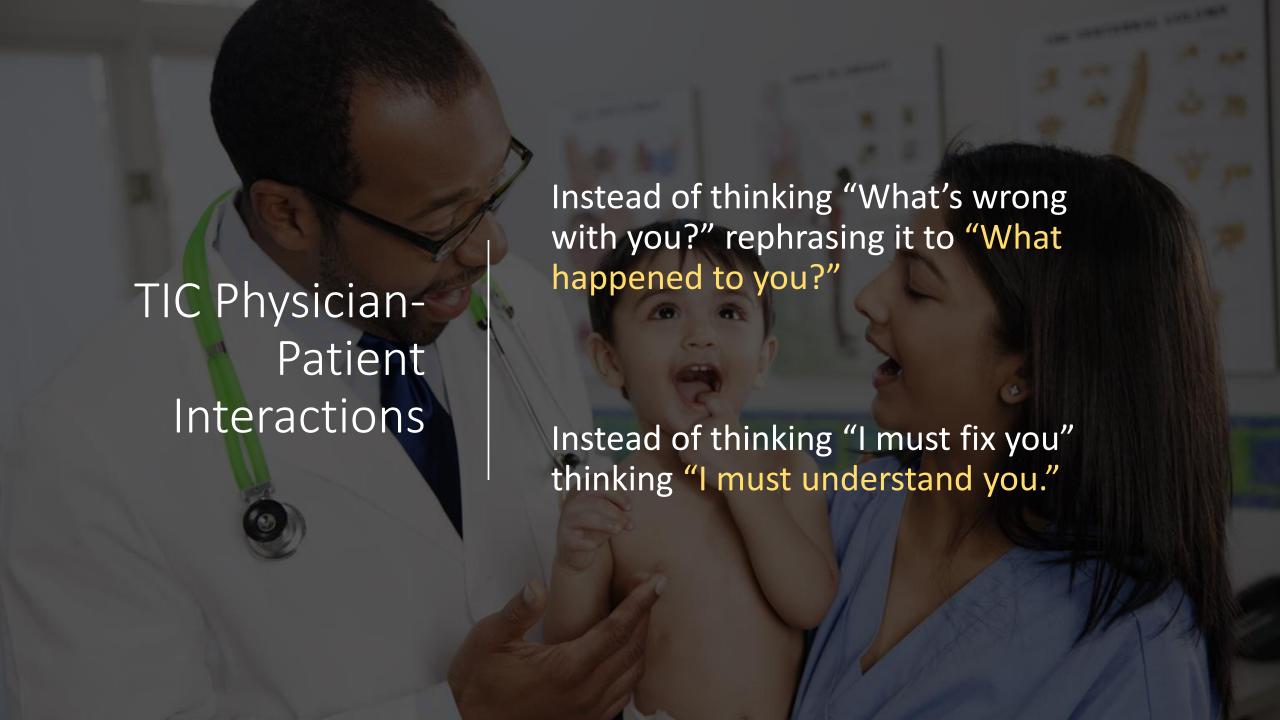
- Assessing comfort
- Providing language-appropriate resources
- Consideration of cultural and diversity factors
- Privacy





TIC Clinic Layout

Which one has a trauma-informed design?



TIC for Taking Care of Staff

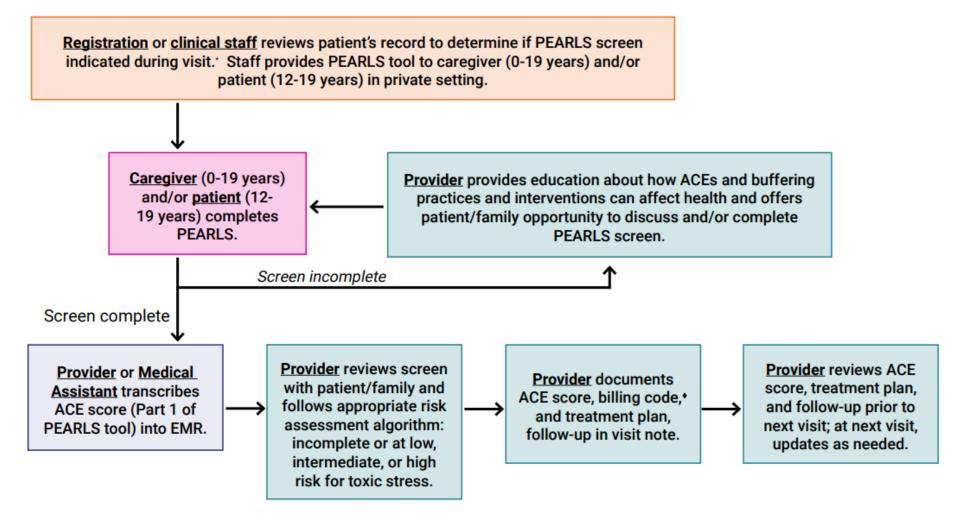
- Email-based wellness program
- In-house mental health resources for staff
- Providing staff with a safe space where they feel supported and seen
- Additional training and support
 - Diversity, equity, and inclusion
 - Examining systemic issues in health care
 - Motivational interviewing
 - Compassion fatigue
 - Managing stressful conversations
 - Supporting anxious patients



How do I include an ACE screener in my office workflow?

Integrating the ACEs screener into your clinical workflow

Pediatric ACE Screening Clinical Workflow



*PEARLS is recommended to be completed once per year.

Office workflow: Meet Dr. Chai



Bristol McFadden Medical Group:

- Mother and son practice with 3 PA's
- 2 Locations in Orange County
- Actively uses the OC Children's Screening Registry

Office workflow: Meet Dr. Damikolas

- Regional Medical Director of AltaMed Orange County
- FQHC with 6 locations in OC and multiple locations in LA county
- AltaMed currently has over 65 employed providers which includes physicians and midlevels. Their four specialties are: general practice, family practice, pediatrics, internal medicine.



Key
Elements of
Clinical
Workflow

Administration of tool

Form completion

Review and scoring of completed tool

Application of clinical algorithm and determination of clinical response to a positive ACE screen

Follow-up plan

Documentation & tracking

Medi-Cal billing

Barriers to implementation

What are they and how do we address them?

Barriers based on CHOC survey data (n=27)

57%

Better referral information

48%

 More staff training or education 37%

Improved technology to facilitate referrals

18.5%

Additional staff

7%

Other

Barriers based on physician interviews

Lack of time

Lack of resources

Survey fatigue

"In terms of deep diving [into conversation about stress busters], I don't feel like I have the opportunity there or maybe I don't have the resources to sit down and talk to them a little bit longer. I guess the challenge is time for us."

"The biggest challenge is getting the patient connected to a counselor or therapist. Most of our patients are CalOptima and we go through the CalOptima Behavioral Health line...sometimes the list they have to connect with behavioral health providers aren't the best. A lot are not taking new patients, or they don't have availability for a couple months."

"The biggest barrier is survey fatigue because this is another survey the family has to do. It might help if the families could do the surveys beforehand. The feedback I got is that there is just so many surveys."

Top 4 concerns related to administering the ACE screener across diverse populations

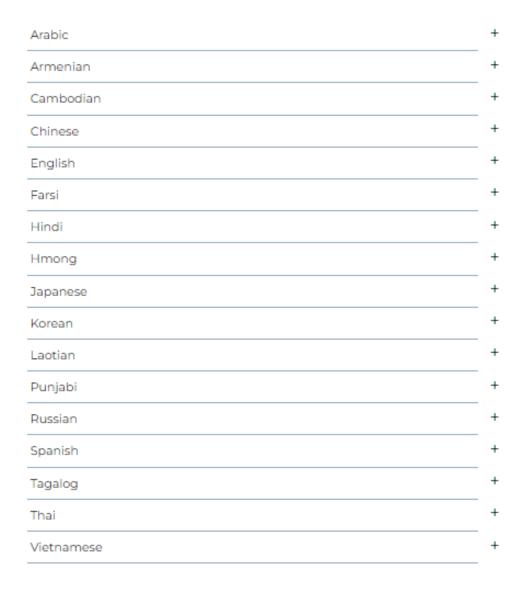
Concerns about cultural barriers or misunderstandings

Discomfort related to explaining ACEs and toxic stress across various cultures

Language barriers

Mental health stigma

Screening tools are available in:



Screening Tools in Multiple
Languages | ACEs Aware –
Take action. Save lives.

What we do know based on the research

- Research has looked at ACE screening across various clinical settings, provider types, practice types, locations, and patient populations
 - Timing is not an issue
 - Provider concerns, discomfort, nerves are common
 - Patients are willing to complete questionnaire
 - Strengthens relationships
 - Improves understanding
 - Improves referral networks and coordination
 - Emphasizes connection between physical and mental health

Barriers and solutions

Lack of time

Lack of resources

Survey fatigue

62% of CHOC physicians reported it takes them 1-5 minutes to review ACEs

Today we will discuss a quick and effective way of discussing ACEs

AAP-AACAP-CHA declared child and adolescent mental health a crisis due to the pandemic. There have been soaring rates of referrals for mental health challenges, however, not every patient needs mental health services. The use of stress buster handouts and engagement in the stress busters have been found to be helpful in managing toxic stress.

Pediatricians have reported that the ACE screener is one of the simpler survey that patients have to fill out compared to other surveys. In general, they report positive responses from patients related to being asked these questions.

How are CHOC physicians doing with the ACE screening implementation?

78% use ACEs screener

84% provide referrals to patients for all positive screens (i.e., +4)

53% practice trauma-informed care principles in their clinic

Compared to national data of 302 pediatricians who reported that only

4% ask about ACEs and

32% do not ask about any ACEs

What happens after I screen for ACEs?

Talking about toxic stress and stress busters in an efficient and effective manner

Toxic stress explains how ACEs get "under the skin"



NERVOUS SYSTEM

Disruption to the developing brain, including changes to the hippocampus, prefrontal cortex and amygdala, may lead to an increase in risk of cognitive impairment, attention deficits, learning disabilities, hyperactivity, self-regulation, memory and attention, and anxiety.



CARDIOVASCULAR SYSTEM

Toxic stress can increase a person's risk of developing high blood pressure, elevating levels of

inflammatio

hnd

How would you explain this process to patients in



IMMUNE SYSTEI

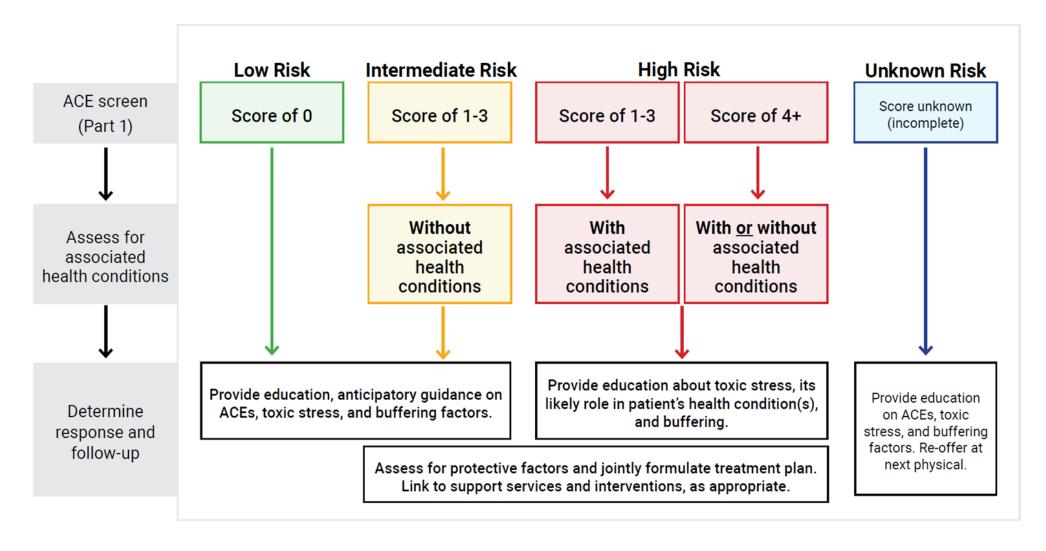
Higher risk of factors, while 1-2 sentences?



ENDOCRINE SYSTEM

Toxic stress can impact growth and development. It can also lead to obesity and changes in the timing of puberty, as well as other issues.

ACEs and Toxic Stress Risk Assessment Algorithm



Get to know the stress busters



Sources: Bhushan D, et al. The Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020 DOI:10.48019/PEAM8812; Gilgoff et al. Adverse Childhood Experiences, Outcomes, and Interventions. *Pediatric Clinics* 2020; **67**(2): 259-73.

Evidence-Based Strategies for Mitigating Toxic Stress

Quality sleep



- Promote sleep hygiene
- Bedtime routine
- Discuss what the barriers to good sleep might be
- Sleep-assessment tools (Pittsburgh Sleep Quality Index or Insomnia Severity Index)

Matricciani, L. A., Olds, T. S., Blunden, S., Rigney, G., & Williams, M. T. (2012). Never enough sleep: a brief history of sleep recommendations for children. *Pediatrics*, 129(3), 548-556.

California for All (n.d.). California Surgeon General's Playbook: Stress Relief for Caregivers and Kids during COVID-19. Retrieved from https://files.covid19.ca.gov/pdf/caregivers_and_kids_california_surgeon_general_stress_busting_playbook_draft_v2_clean_ada_04072020v2.pdf

Balanced nutrition



- Encourage healthy eating habits
- Proper nutrition helps combat stress
- General rule of thumb includes 5-9 servings of fruits and vegetables per day and foods rich in omega-3-fatty acids, including fish, nuts and fiber have been associated with decreased inflammation and improved health

Physical activity





- Recommend at least 60 minutes of physical activity
- Caregivers can break it up into 15-20-minute intervals

California for All (n.d.). California Surgeon General's Playbook: Stress Relief for Caregivers and Kids during COVID-19. Retrieved from https://files.covid19.ca.gov/pdf/caregivers_and_kids_cal ifornia_surgeon_general_stress_busting_playbook_draft

_v2_clean_ada_04072020v2.pdf

Mindfulness practices









- Educate about mindfulness
- Engage in mindfulness activities or use apps

California for All (n.d.). California Surgeon General's Playbook: Stress Relief for Caregivers and Kids during COVID-19. Retrieved from https://files.covid19.ca.gov/pdf/caregivers_and_kids_california_surgeon_general_stress_busting_playbook_draft_v2_clean_ada_04072020v2.pdf

Experiencing nature





- Nature can come in many forms, including parks, local green spaces, playgrounds, or indoor plants
- Recommending community resources that are outdoors
- https://www.parkrx.org/

Mental health care

Therapy	Ages	General Description
Child-Parent Psychotherapy	Birth to 6 years	Dyadic intervention for young children and their caregivers that supports family strengths and relationships. 586,587,994
Parent-Child Interaction Therapy	2 - 12 years	Dyadic parent training treatment that emphasizes improving the quality of the parent-child relationship and interactions. 995-997
Cue-centered therapy	8 - 18 years	Protocol of 15 sessions through which children and caregivers learn about traumatic stress, how to cope rather than avoid, and the value of verbalizing their life experiences. 998,999
<u>Trauma-focused cognitive</u> <u>behavioral therapy (TF-CBT)</u>	Verbal children and adults	A structured, short-term treatment model for children and adults who have experienced trauma. 1000-1002
Eye movement desensitization reprocessing (EMDR)	Verbal children and adults	Focuses on helping clients resolve unprocessed traumatic memories. ¹⁰⁰³⁻¹⁰⁰⁵
Family systems therapy	Verbal children and adults	Supports resolving family conflict or issues.1006,1007
Cognitive processing therapy	Adolescents and adults	A type of CBT, generally 12 sessions, that helps modify maladaptive thinking related to their trauma. 1008
Prolonged exposure therapy	Adolescents and adults	A CBT approach that helps clients gradually approach their memories, feelings, and situations of trauma. ¹⁰⁰⁹

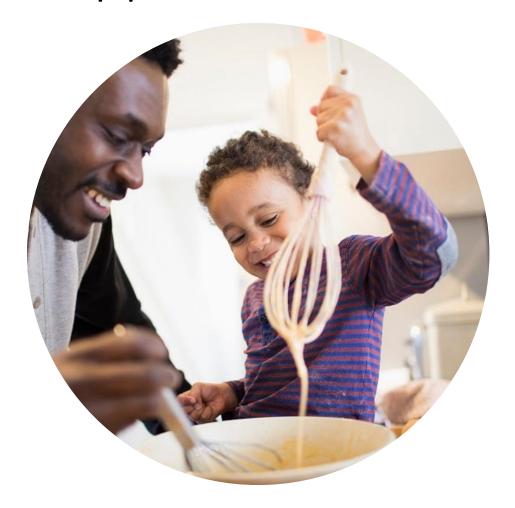
Evidence-based trauma therapies.

Image from: Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812.

California for All (n.d.). *California Surgeon General's Playbook:* Stress Relief for Caregivers and Kids during COVID-19.
Retrieved from

https://files.covid19.ca.gov/pdf/caregivers_and_kids_california_surgeon_general_stress_busting_playbook_draft_v2_clean_ada_04072020v2.pdf

Supportive relationships



- Assessing social relationships
- Identifying challenges (bullying?)
- Increasing socially distant interactions
- Decreasing social media
- Recommending engagement in community resources

Center on the Developing Child (n.d.). Resilience. Retrieved from https://developingchild.harvard.edu/science/key -concepts/resilience/ California for All (n.d.). California Surgeon General's Playbook: Stress Relief for Caregivers and Kids during COVID-19. Retrieved from https://files.covid19.ca.gov/pdf/caregivers_and_kids_cal ifornia_surgeon_general_stress_busting_playbook_draft_v2_clean_ada_04072020v2.pdf



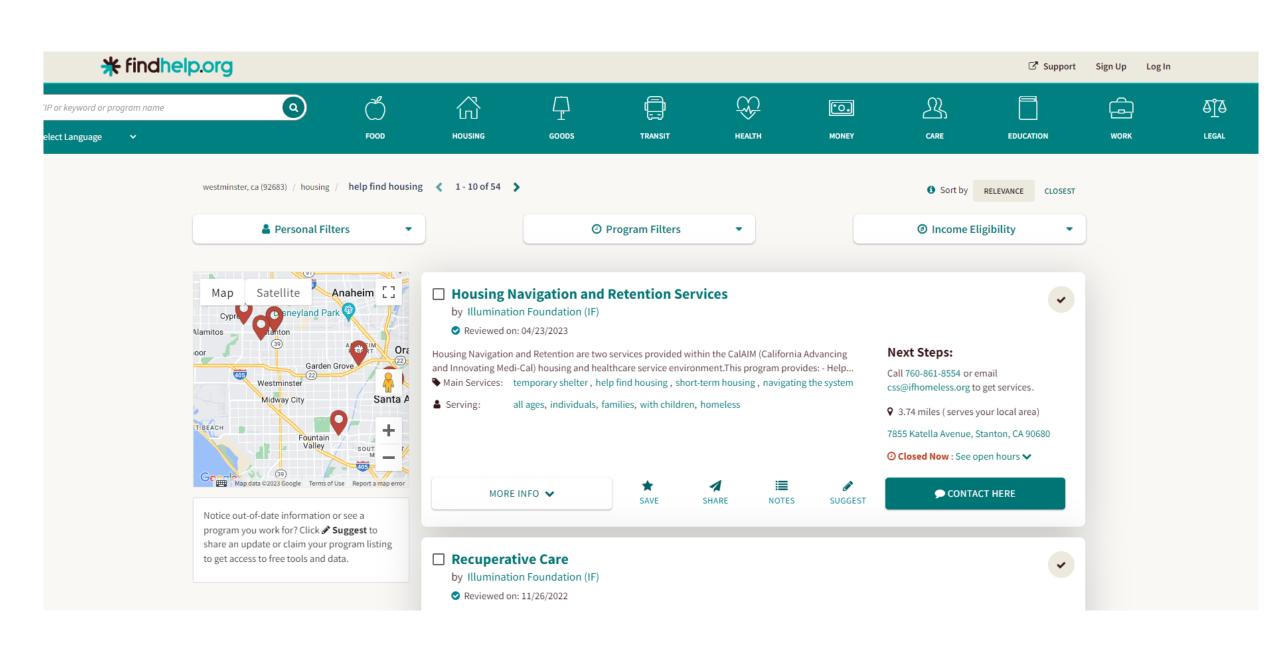
Open network and access for CBO's, healthcare providers and individuals to update and claim program listings

Easy to search and navigate low-cost and free sources for underserved communities, by distance, filters and program eligibility requirements

Thousands of resource listings for Orange County with over 3000 resources

Tool for Advancing Health Equity





Quick and effective ways of explaining ACEs and toxic stress

Lower Risk of Toxic Stress: O ACEs

"Thank you for completing the form that asked about certain events your child has experienced. It gives us information that helps us to better care for your child. From what I see on the form, your child has not experienced any of the things listed here. Is that correct?"



"We know that ACEs may occur at different points in life, so if you do experience any of these, don't hesitate to check in with us because the science tells us that early intervention can help prevent negative physical and mental health outcomes. These things may include having healthy relationships with family and friends, eating healthy foods, getting regular exercise, spending time outside in nature, having a regular bedtime and getting enough sleep."





Preventative Questions

- For patients:
 - "How do you cope with stressful situations?"
 - "Which of these strategies would you be interested in trying to help manage stress?
 - "Let's make a plan for how you can try these strategies during your day."

• For parents:

 "ACEs Aware has put together a self-care tool [show <u>pediatric self-care tool</u>]. We can look at some of these activities together and discuss what you think would be best for your routine. You may be doing some of these strategies already."

ACEs Aware Self-Care Tool for Pediatrics

When a child or teen has experienced significant Adverse Childhood Experiences (ACEs), their body may make more or less hormones than is healthy. This can lead to problems with a child s physical and/or mental health, such as asthma, poor growth, depression, or behavior problems. Safe, stable, and nurturing relationships and environments where children feel safe emotionally and physically can protect children s brains and bodies from the harmful effects of stress. You can help your child be healthier by managing your own stress response and helping your child do the same. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, building social connections, and getting mental health support can help to decrease stress hormones and prevent health problems. Here are some goals your family can set together to support your child s health. [Check the goals that you are picking for yourself and your family!]

Healthy relationships. We ve set a goal of	
Using respectful communication even when we are upset or angry	
Spending more high-quality time together as a family, such as:	
Having regular family meals together	
Having regular no electronics" time for us to talk and/or play together	
Talking, reading, and/or singing together every day	
Making time to see friends to create a healthy support system fo myself and our family	
 Connecting regularly with members of our community to build social connections 	
 Asking for help if a relationship or environment feels physically or emotionally unsafe 	
The National Domestic Violence hotline is 800-799-SAFE (7233)	
The National Sexual Assault hotline is 800-656-HOPE (4673)	
To reach a crisis text line, text HOME to 741-741	
Create your own goal:	

Intermediate Risk of Toxic Stress: 1-3 ACEs

"The good news is that we also have strategies that have been shown to help children and adults calm the stress response. These include things like good nutrition, healthy sleep, spending time in nature, regular exercise, mental health support, mindfulness, and healthy relationships."

"I see from this form that your child has experienced some of the things listed here. We now understand that exposure to stressful or traumatic experiences may alter the amount of stress hormones that your child's body makes, and this can increase the risk for health and developmental problems."

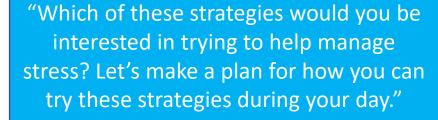








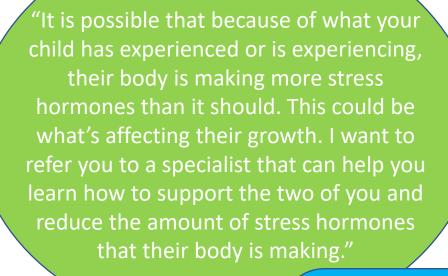
Review
pediatric
self-care
tool



High Risk of Toxic Stress:

- 1-3 ACEs with ACE-Associated Health Conditions OR
- 4 + ACEs with/without ACE-Associated Health Conditions

"I see that you answered "yes" to a number of questions, and your child's ACEs may be contributing to their poor growth/ asthma/ diabetes/other AAHC]."







OPTIONAL: "We also know that a healthy caregiver is one of the most important ingredients for healthy children so an important part of helping your child heal will involve managing your own stress level and practicing taking care of yourself."

Questions to ask adolescents who have endorsed an ACE

Assessing safety

Reviewing coping

Examining stress busters

Do you feel safe now?

Where do you feel the safest?

Please know that our clinic is here to help if you ever feel scared or unsafe at home, at school, or anywhere.

When things get hard for you, where do you draw your strength? How does this help you?

How do your family or friends support you?

When you are stressed or worried, what is most helpful?

Is there an adult, like a mom, dad, aunt, uncle, grandparent, or mentor in your life who is there for you, no matter what? Who do you rely on?

Practicing mindfulness for 10-12 minutes a day can be helpful in calming down some of the stress you might be feeling. Are there apps you have on your phone you can use?

Have you taken a mindful walk before?

Transition to treatment and follow-up plan

Review of stress busters

 "Which of these strategies would you be interested in trying to help manage stress? Let's make a plan for how you can try these strategies during your day."

Make a referral if need be

 "I would also like to refer you/[child's name] to some resources or services that could be helpful."

Following up

 "I [or someone from my team] will contact you in _____ weeks/months to check in on whether [treatment(s) selected] are helping you/[child's name]."





How has screening for ACE **enhanced** the care that your practice provides?

"ACEs allows us to provide early interventions and prevents possible problems to be addressed sooner" "Identify the causes of stress related to problems faster in children"

"Allowing us to see the different views of stressors between parent and patient"

"Opens up the topics that are difficult to talk about"

"Able to find out the safety and trauma exposure of my patients" "It takes care of traumatic experiences of patients that were not disclosed or discussed during their doctor and patient primary interactions"

ACEs Aware Online Provider Training



- Certified provider training is available on training.ACEsAware.org
- Free, 2-hour online course that offers CME and MOC credits
- Includes information on:
 - The impact of ACEs and toxic stress on health
 - Clinical scripts for introducing these topics
 - A clinical algorithm to assess for risk of toxic stress
 - Steps to create an appropriately tailored, strengths-oriented, and evidence-based treatment and follow-up plan
- Additional certified trainings will become available over time

Resources

Book: Childhood Trauma and Resilience: A Practical Guide

Medi-Cal Billing Codes

Billing & Payment | ACEs Aware – Take action. Save lives.

Provider Toolkit

Provider Toolkit | ACEs Aware – Take action. Save lives.

Pediatric ACEs and Related Life-Events Screening Tools

<u>Screening Tools in Multiple Languages | ACEs Aware – Take action. Save lives.</u>

Sample Scripts for Pediatric Medical Team

ACE Screening Sample Scripts for Pediatric Clinical Teams (acesaware.org)

Communicating to your Patients about ACEs

Communicating about ACEs

Screening Adolescents and Addressing Unique Needs of Immigrant Youth

Screening Adolescents

Questions?



Contact: Sheila Modir, PhD, ABPP / smodir@choc.org

All this research has been done in collaboration with:

Dr. Michael Weiss

Dr. Heather Huszti

Melinda Konoske

Ashley White

& the incredible physicians who have volunteered their time!



